

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 01 B. WING 03/25/2015 FCL011022 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 256 GRAVELY BRANCH ROAD FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) C 000 C 000 Initial Comments Report by Glenn Hoppin DHSR Construction Section conducted a Biennial Survey on March 25, 2015 beginning at 2:00PM CONSTRUCTION SECTION and Ending at 2:30PM at the above referenced facility. DHSR records indicate the home was MAY 1 1 2015 first licensed on August 28, 1986 as a Family Care Home for Six Ambulatory Residents (able to RECEIVED evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1984 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes. and the 1978 (Rev 5) North Carolina State Building Code - Section 409.1(g) - Residential Care Facilities. At the time of our visit, we observed deficiencies that require an acceptable plan of correction. They are as follows: C 152 C 152 Floors 10A NCAC 13G .0314 FLOORS (a) All floors in a family care home shall be of smooth, non-skid material and so constructed as to be easily cleanable. (b) Scatter or throw rugs shall not be used. (c) All floors shall be kept in good repair. This will be Completed by 5-15-2015 This Rule is not met as evidenced by: The floors throughout the facility are in various states of disrepair. In several places the linoleum flooring is torn and could be a trip hazard. The tile and linoleum floor is heavily stained

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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If continuation sheet 1 of 5

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PRINTED: 04/02/2015 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 03/25/2015 FCL011022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 256 GRAVELY BRANCH ROAD FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) C 152 C 152 Continued From page 1 throughout the facility and the floor tiles are separating in several areas. Clean and repair all flooring throughout the facility. Provide the DHSR Construction Section with copies of any receipts, invoices, work orders, pictures, or any other supporting documentation concerning this repair. C 153 C 153 Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: Every space in the facility is heavily soiled and in need of cleaning. All walls, floors, furniture, fixtures, tubs, sinks, and bathtubs, cabinets, shelves etc must be thoroughly cleaned throughout the facility. On the side deck of the facility there is a recliner sitting on the deck exposed to the This has been completed (corred elements. There are several cigarette burns on the recliner. This is a potential fire hazard and a harborage for pests. Remove and dispose of the

recliner.

The last sanitation report from DENR indicated a rodent infestation in the kitchen. Consult with a qualified pest control technician and take all necessary steps to eliminate the infestation. Provide the DHSR Construction section with

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 B. WING FCL011022 03/25/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 256 GRAVELY BRANCH ROAD FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) C 153 Continued From page 2 C 153 copies of all invoices, reports, work orders, and any other documentation concerning this deficiency. C 174 Building Equipment Maintained Safe, Operating C 174 SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: is has been com The window screens and the screen doors all have damaged or missing screens. Repair or replace all damaged or missing screens. The Dryer vent is disconnected from the dryer. Attach the dryer yent using the proper hardware to prevent it from becoming disconnected again. There is a large build up of lint and debris behind the dryer. Clean all lint and debris frombehind the dryer. J4. In the bathroom on the left side of the building the vanity is leaking underneath the sink. Have a qualified individual repair the leak. Provide the as been con DHSR Construction section with copies of all invoices, work orders, receipts, and any other

supporting documentation concerning this repair.

In the bathroom on the left side of the building the toilet is leaking at the wax seal. The toilet is also loose and needs to be resecured to the floor.

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replace the fan. Provide the DHSR Construction

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		IDENTIFICATION NUMBER:			COME		
FCL011022		B. WING		03/25/2015			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
FAIRWEIN CARE LONE #4 256 GRAVELY BRANCH ROAD							
FAIRVIEW FAMILY CARE HOME # 1 FLETCHER, NC 28732							
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
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